STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typy is changed) over the lines	
Financial Plan	ning Association Political Action Committee	
ADDRESS (number and	1600 K St., NW	
_	Suite,201	
(Check if address is changed)	Washington	DC 20006 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	duane.thompson@fpanet.org	
is changed)		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address	http://www.fpanet.org/member/govt	relation/fpa_pac.cfm
is changed)		
2. DATE 0.3	25 2009	
3. FEC IDENTIFICA	TION NUMBER C C00370130	
4. IS THIS STATEM	ENT NEW (N) OR X AMEN	IDED (A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is	rue, correct and complete
Type or Print Name of	Treasurer Mr. Duane Thompson	
Signature of Treasurer	Electronically Filed by Mr. Duane Thompson	Date 03 / 25 / 2009
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signal ANY CHANGE IN INFORMATION SHOULD BE F	
Office Use Only	Federal Ele Toll Free 80	information contact: ction Commission 10-424-9530 (Revised 02/2009)